U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

/3	Micial Use Only M202006	READ	THE INSTRUC	TIONS CAREFUL	LY BEFO	RE PREPARING TH	IS REPORT.	-	
1. File Number U- 8-9/6					2. Fiscal Year Covered From:				
	**]	1/1/	2005 Through	n: 12 / 31 / 2005]
3. Name and address of person filing.					4. Name, file number, and address of labor organization.				
Name	ROBERT	L PAP	'IN		Name	PLUMBERS AND	PIPEFITTER	S LOCAL 30	
				-	Labor	Organization File Nu	ımber <i>011</i>	399	-
P.O. 8	P.O. Box, Bidg., Room No., if any PO BOX 30616					P.O. Box, Building and Room Number, if any PO BOX 30616			
Street	Street					Street			
City	BILLINGS	***************************************			City	BILLINGS			
State	Montana		ZIP Code + 4	59107	State	Montana		ZIP Code + 4 59107	L
A. Held monets	d an interest in, engaged ary value from an emplo	in transact	(except as sp tions (includin e employees	g loans) with, or your organization	derived in	forth in the instruction scome or other eco sents or is actively	ns): nomic benefit of seeking to repr	esent.	
	e and address of Employer ((including tr	ade name, if ar	ıy).	/.a. Nau	ure of Interest, Trans	action, or income	**************************************	
Name	Since And Andrews Control of the Con	**************************************	- Committee - Comm	enamentario en entre destructura de la constitución	ALIENTA COMPA				math.) buldestich dentimm
Trade	Name, if any:				aceteanin/Averiteion				PRANCISCA NACIONAL
P.O. Box, Bidg., Room No., if any					7.b. Amount.				
Street					7.b. Amo	ount.			
City						forman and the second	1/4/4/////////////////////////////////	ramagami (m/arsina) (i (d-dish-hadalawaka manamaran	
State			ZIP Code + 4	erri gregor permental particologica de partir particologica de particolog		E-manure e		an electrical (c) procedure (c) compare and and an electrical (c) and a e	
				Sign	ature	ta ison			
subm	rsigned's knowledge and be) the informa blief, true, co	ation contained	in any accompany	ring docum ction on pe	ents), has been exar	mined by the sign:	v, that all of the information atory and is, to the best of the	- C

Name of Person Filing ROBERT PAPIN	File Number U-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any). Name PIPE TRADES TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any PO BOX 1889 Street City GREAT FALLS State Montana ZIP Code + 4 59403	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion						
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.							
10. If 9.b. or 9.c. is checked give trust or employer's name. Name PIPE TRADES TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any PO BOX 1889 Street City GREAT FALLS State Montana ZIP Code + 4 59403	\$ CONTRACTOR OF	HELD IN GREAT GALLS, MONTANA SEPTEMBER 2005 de of such dealing. \$442						
	12.b. Amount.							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.							
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4								